

**COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled AUTOMATED INSURANCE POLICY APPLICATION, the specification of which:

☒ is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/246,260	11/6/2000	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Denis G. Maloney, Reg. No. 29,670  
Paul A. Pysher, Reg. No. 40,780

David L. Feigenbaum, Reg. No. 30,378  
Cathy L. Peterson, Reg. No. 41,249

Address all telephone calls to DENIS G. MALONEY at telephone number (617) 542-5070.

Address all correspondence to DENIS G. MALONEY at:

FISH & RICHARDSON P.C.  
225 Franklin Street  
Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: John C. R. Hele

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Address: Edgehill Cottage, 7 Edgehill Drive, Paget. PG 03, Bermuda  
Citizenship: Canadian  
Post Office Address: Edgehill Cottage, 7 Edgehill Drive, Paget. PG 03, Bermuda

TELETYPE UNIT

**Combined Declaration and Power of Attorney**

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Full Name of Inventor: Christopher Serflek

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Address: Keepsake Upper 25 Harbour Road, Paget Pg 06, Bermuda  
Citizenship: Canadian  
Post Office Address: Keepsake Upper, 25 Harbour Road, Paget, Pg 06, Bermuda

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